PAIENT APPLICATION DETERMINATION RECORD  Effective October 1, 2000  09/162920												
		CLAIMS A	S FILED -		•	ımn 2)		SMALL ENTITY TYPE		OB.	OTHER THAN	
T	OTAL CLAIMS							RATE	FEE	1	RATE	FEE
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Ŧ.	4	(Column 1)		(Colur			· ) • · ·	SMALL	ENTITY	OR	SMALL	ÉNTITY
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	••						7.7	+135= TOTAL	¥6.4.79.8745	*** ***	TOTAL	
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OME	Total	4 WACIADMEIA!	Minus .	**	· .:	•		X\$ 9=	WEED A		`X\$18€`	Exercise 1

Minue 🚎 🐇 Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ::

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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